

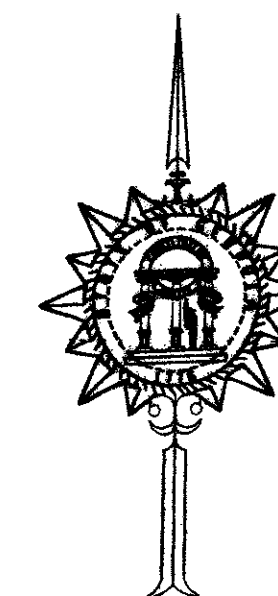
STATE	PROJECT NUMBER	SHEET NO.	TOTAL SHEETS
GA.	NHS-M001-00(732)	95	159



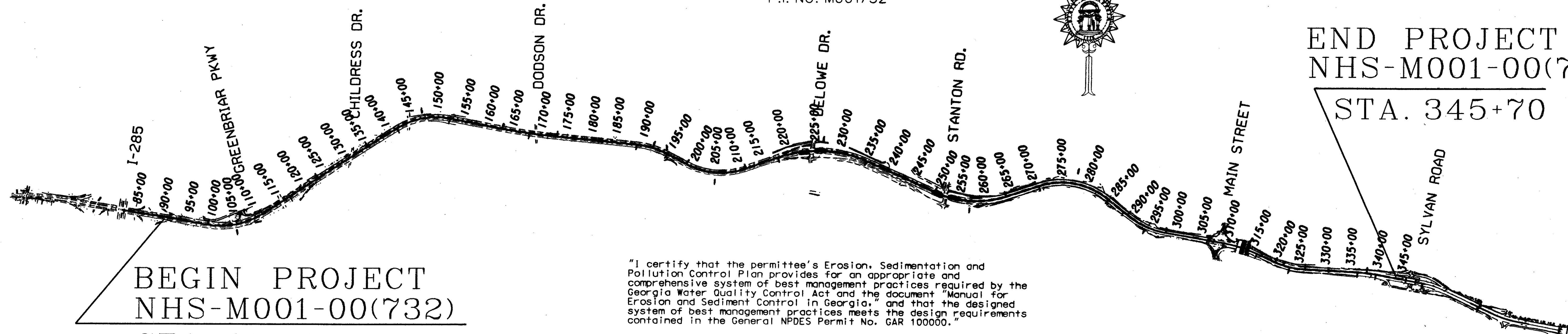
LOCATION SKETCH

DEPARTMENT OF TRANSPORTATION
STATE OF GEORGIA
EROSION, SEDIMENT & POLLUTION CONTROL PLAN
AND
COMPREHENSIVE MONITORING PROGRAM
FEDERAL AID PROJECT
FULTON COUNTY
NHS-M001-00(732)

U. S. ROUTE * N/A
STATE ROUTE 166
P.I. NO. M001732



END PROJECT
NHS-M001-00(732)
STA. 345+70



BEGIN PROJECT
NHS-M001-00(732)
STA. 91+00

"I certify that the permittee's Erosion, Sedimentation and Pollution Control Plan provides for an appropriate and comprehensive system of best management practices required by the Georgia Water Quality Control Act and the document 'Manual for Erosion and Sediment Control in Georgia,' and that the designed system of best management practices meets the design requirements contained in the General NPDES Permit No. GAR 100000."

"I certify that the permittee's Comprehensive Monitoring Program provides for the monitoring of the receiving water(s) or the monitoring of the storm water outfalls and is expected to meet the monitoring requirements contained in the General NPDES Permit No. GAR 100000."

"I certify that the permittee's Comprehensive Monitoring Program provides for the monitoring of: (a) all perennial and intermittent streams and other water bodies shown on the USGS topographic map and all other field verified perennial and intermittent streams and other water bodies, or (b) where any such specific identified perennial or intermittent stream and other water body is not proposed to be sampled, I have determined in my professional judgement, utilizing the factors required in the General NPDES Permit No. GAR 100000, that the increase in the turbidity of each specific identified sampled receiving water will be representative of the increase in the turbidity of a specific identified un-sampled receiving water."

"I certify under penalty of law that this document and all attachments were prepared under my direction and supervision in accordance with a system designed to assure that the qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations."

SCALE : 1" = 1000'

APPROVED BY:

8-20-02 *Frank L. Danchitz*
DATE CHIEF ENGINEER

PLANS COMPLETED	AUGUST 1, 2002
REVISIONS	

NHS-M001-00(732)
FULTON COUNTY